Early outcome and quality of life post-Mainz Pouch II urinary diversion among bladder cancer patients treated at Kilimanjaro Christian Medical Centre: a 10-year experience

1. Mainz Pouch II urinary diversion can be indicated in the following urinary bladder pathologies except;

a. intractable hematuria
b. muscle invasive bladder tumour
c. bladder diverticulum
d. intractable urinary incontinence

2. The following is not an example of continent types of urinary diversion

a. Kock pouch
b. Ureterocutaneostomy
c. Catheterizable diversions
d. Mainz Pouch I

3. What is the most common but easily managed early complication of ureterosigmoidostomy urinary diversion?

a. Erectile dysfunction
b. Hyperchloremic metabolic acidosis
c. Cerebro-vascular accidents
d. Rectal tumour

4. The following are absolute contraindications for Mainz Pouch II formation except;

a. *Colon diverticulosis*
b. Anal sphincter incompetence
c. *Renal failure*
d. *Neoadjuvant chemotherapy*

Ureterocoele calculi masquerading as multiple vesical calculi with acute presentation: a case report

5. The following are complications of ureterocoele except?

a. Urinary retention
b. Intestinal obstruction
c. Uraemia
d. Ureterocoele calculi

6. Ureterocoele with nonobstructive calculi may present with a referral pain to the following location

a. Suprapubic region
b. Epigastric region
c. Shoulder tip
d. The mid-back

Complete primary repair of adult bladder exstrophy-epispadias complex without iliac osteotomy: a case report and literature review

7. Which prenatal ultrasound finding is MOST suggestive of classic bladder exstrophy?

a. Oligohydramnios and bilateral hydronephrosis
b. Absent bladder with normal amniotic fluid
c. Absent bladder with oligohydramnios
d. Absent bladder with polyhydramnios

8. What is the first step in managing a newborn with bladder exstrophy?

a. Perform immediate osteotomy
b. Administer antibiotics
c. Insert Foley catheter
d. Cover the bladder with sterile, moist dressing to protect the exposed bladder.

9. Which of the following is not a component of bladder exstrophy-epispadias complex?

a. Omphalocele
b. Pubic diastasis
c. Epispadias
d. Exposed bladder

10. What is the primary goal of surgical management of bladder exstrophy-epispadias complex in newborns?

a. Delay definitive surgery until adolescence
b. Immediate cystectomy
c. Permanent urinary diversion with an ileal conduit
d. Bladder reconstruction and abdominal wall closure

A suburethral vaginal tumour mimicking cystocele: a case report

11. Concerning the characteristics of vaginal fibroids: one of the statements is false

a. Benign tumour
b. Single and asymptomatic tumour
c. Fast-growing
d. Can lead to dysuria and dyspareunia

12. The diagnosis of certainty is made at:

a. Clinic
b. Ultrasound
c. MRI
d. Anatomopathology

13. Treatment is:

a. Surgical
b. Chemotherapy
c. Radiotherapy
d. Radiotherapy + chemotherapy

14. Age of onset of vaginal fibroma:

a. 11 years to 20 years
b. 20 to 30 years
c. 35 to 50 years
d. 60 to 80 years old

Challenges, terms, and conditions of nursing Fournier's gangrene in a semi-urban hospital: experience of the Aného Prefectural Hospital Centre in Togo

15. Fournier's gangrene is:

a. Perineo-genital necrotising fasciitis
b. Necrotising fasciitis of the perineum only
c. Genital-only necrotising fasciitis
d. Necrotiing fasciitis of the inner thighs only

16. Fournier's gangrene is a medico-surgical emergency whose emergency management is based on:

a. Resuscitation, antibiotic therapy and necrosectomy
b. Resuscitation only
c. Necrosectomy only
d. Antibiotic therapy alone
e. Treatment of pre-existing defects

17. Fournier's gangrene

a. Is more common in women
b. Found in 13 patients over five years in our study
c. Found in 317 patients over five years in our study
d. Found only in women in our study

18. The evolution of Fournier's gangrene is usually gloomy, marked by:

a. Three cases of complications after reconstruction in our study
b. Two deaths in our study
c. Four deaths in our study
d. No complications in our study

Retrospective descriptive study of radical prostatectomy for localised prostate cancer in Benin: epidemiological and diagnostic aspects over five years

19. According to the study conducted in two university hospitals in Benin, what was the mean age of patients who underwent radical prostatectomy?

a. 60 years
b. 65 years
c. 70 years
d. 75 years

20. What proportion of patients was asymptomatic at the time of diagnosis in this study?

a. 42.9%
b. 45.7%
c. 57.1%
d. 71.4%

21. What was the most frequently observed Gleason score in the pathological analyses of surgical specimens?

a. Gleason 5
b. Gleason 6 (3+3)
c. Gleason 7 (3+4)
d. Gleason 8

22. What was the median PSA level among patients included in the study?

a. 10.2 ng/ml
b. 12.5 ng/ml
c. 14.6 ng/ml
d. 18.3 ng/ml

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MDB015/034/01/2025